

Racing Information Disseminators Monthly Report

Page

This report is required to be filed MONTHLY, pursuant to NRS 463.450.

FOR**Filing Deadline:**

Account No., Name, Address, Zip Code

For Office Use Only

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Please correct if in error

Check Number _____
Batch Number _____
Entry Date _____

(A) NAMES of Race Books supplied	(B) TYPE of SERVICE	(C) Fees Collected From User

PAGE TOTALS

Number of Casinos Served _____